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PATENT  
Attorney Docket No.: 082368-007000US  
Client Reference No.: MED-A0402P-US

TOWNSEND and TOWNSEND and CREW LLP

By: /Aaron Hokamura/

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

Yasuo KUNUGIZA et al.

Application No.: 10/570,052

Filed: August 27, 2004

For: GENE THERAPY FOR SKIN  
DISORDERS USING NEEDLELESS  
SYRINGES

Confirmation No.:

Examiner:

Art Unit:

INFORMATION DISCLOSURE  
STATEMENT UNDER 37 CFR §1.97 and  
§1.98

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

The references cited on attached form PTO/SB/08A and PTO/SB/08B are being called to the attention of the Examiner. Copies of the references are attached hereto, in compliance with the requirements of 37 CFR §1.98(a)(2). It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the “references cited” on any patent to issue therefrom.

The references were cited on an International Search Report in the corresponding PCT application. A copy of the search report is attached.

References AB-AF are not in the English language. References AB-AF are categorized as "Y" documents on the attached International Search Report.

As provided for by 37 CFR §1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Applicant believes that no fee is required for submission of this statement. However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,

/Jennifer L. Wahlsten/

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Substitute for form 1449A&B/PTO  <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  <i>(Use as many sheets as necessary)</i>				<b>Complete if Known</b>	
				Application Number	10/570,052
				Filing Date	August 27, 2004
				First Named Inventor	Kunugiza, Yasuo
				Art Unit	
				Examiner Name	
Sheet	1	of	1	Attorney Docket Number	082368-007000US

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. <sup>1</sup>	Document Number Number Kind Code <sup>2</sup> (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear

FOREIGN PATENT DOCUMENTS								
Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document			Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T <sup>6</sup>
		Country Code <sup>3</sup>	Number <sup>4</sup>	Kind Code <sup>5</sup> (if known)				
	AA	WO	99/31262	A2	06-24-1999	Genemedicine Inc.		<input type="checkbox"/>
	AB	WO	02/00258	A1	01-03-2002	Medgene Bioscience, Inc.		<input type="checkbox"/>
	AC	WO	02/066070	A1	08-29-2002	Anges MG, Inc.		<input type="checkbox"/>
	AD	WO	02/089854	A1	11-14-2002	Anges MG, Inc.		<input type="checkbox"/>
	AE	JP	2001-500858	A	01-23-2001	Powderject Research Ltd.		<input type="checkbox"/>
	AF	JP	2002-542264	A	12-10-2002	Powderject Vaccines, Inc.		<input type="checkbox"/>

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials *	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>

Examiner Signature		Date Considered	
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.